FEE TRANS For FY 20 Applicant claims small entity status. TOTAL AMOUNT OF PAYMENT Effective on 12/08/20 Effective on 12/08/20 Faces pursuant to the Consolidated Appropriate FEE TRANS For FY 20 Applicant claims small entity status. (\$)	MITTAL 005 See 37 CFR 1.27	Application Number Filing Date First Named Inventor Examiner Name Art Unit	10/800,179 March 12, 2004 Cuevas et al. A. Kosar	
FEE IRANS For FY 20 Applicant claims small entity status.)05 See 37 CFR 1.27	Filing Date First Named Inventor Examiner Name	March 12, 2004 Cuevas et al.	
For FY 20 Applicant claims small entity status.)05 See 37 CFR 1.27	First Named Inventor Examiner Name	Cuevas et al.	
Applicant claims small entity status.	See 37 CFR 1.27	Examiner Name		
TOTAL AMOUNT OF PAYMENT (\$)	4 440 00		1654	
	1,410.00	Attorney Docket No.	DOC0057PA/DC5	074/GC792
METHOD OF PAYMENT (check all t	that apply)			
Check ✓ Credit Card M	Ioney Order Non	Other (please	identify)*	
Deposit Account Deposit Account For the above-identified deposit a				<u>.</u>
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Charge any additional fee(s under 37 CFR 1.16 and 1.1	7		overpayments	
WARNING: Information on this form may be information and authorization on PTO-2038.	come public. Credit card inf	ormation should not be	ncluded on this form. Pro	ovide credit ca
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES			
FILING F			AMINATION FEES	
	nall Entity Fee (\$)	Small Entity Fee (\$)	Small Entity 99 (\$) Fee (\$)	Fees Pa
Utility 300	150 500		00 100	
Design 200	100 100	50 1	30 65	***************************************
Plant 200	100 300	150 1	60 80	
Reissue 300	150 500	250 6	00 300	
Provisional 200	100 0	0	0 0	
2. EXCESS CLAIM FEES				Fac (\$)
<u>Fee Description</u> Each claim over 20 or, for Reissues, 6	each claim over 20 and	more than in the or	ginal natent	<u>Fee (\$)</u> 50
Each independent claim over 3 or, for				
Multiple dependent claims	_			360
Total Claims Extra Claims			tiple Dependent Claim	
- 20 or HP = HP = highest number of total claims paid for, i	x = f greater than 20		Fee (\$) Fee Pa	<u>iia (\$)</u>
Indep. Claims Extra Claims	Fee (\$) Fee F	<u>'aid (\$)</u>		
-3 or HP =				

Name (Print/Type) Timothy/Vy. Hagan Date November 17, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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